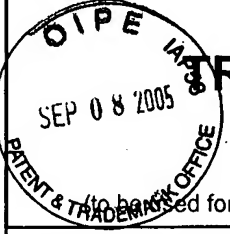
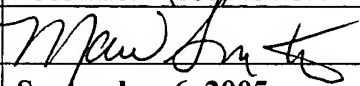



1FW \$

 <p><b>TRANSMITTAL FORM</b></p> <p>(to be used for all correspondence after initial filing)</p>	Application No.	10/766,618	
	Filing Date	January 27, 2004	
	First Named Inventor	Yoshihide Senzaki, et. al.	
	Examiner Name	Nguyen, Ha T.	
	Group Art Unit	2812	
Total Number of Pages in This Submission	11	Attorney Docket No.	A-70028-1/MSS (463035-936)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached \$120.00	<input type="checkbox"/> Drawing(s) (Informal)-3 pgs	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	A check in the amount of \$120.00 for a One-Month Petition for Extension of Time request; and a self-addressed stamped Postcard.
<input type="checkbox"/> Supplemental Information Disclosure Statement (3 pgs.)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, No. of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Maria S. Swiatek, Reg. No. 37,244 DORSEY & WHITNEY LLP 555 California Street, Suite 1000 San Francisco, CA 94104 Telephone: (650) 494-8700 Facsimile: (650) 494-8771	Customer Number 32940
Signature		
Date	September 6, 2005	

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with Sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:			09/06/05
Typed or printed name	Kari Bateman		
Signature		Date	September 6, 2005